
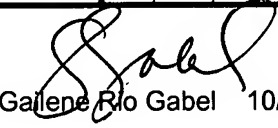

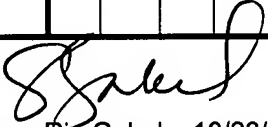


<b>Issue Classification</b> 	<b>Application/Control No.</b> 10/059,521	<b>Applicant(s)/Patent under Reexamination</b> RICH, IVAN N.
	<b>Examiner</b> Gailene R. Gabel	<b>Art Unit</b> 1641

ISSUE CLASSIFICATION												
ORIGINAL					INTERNATIONAL CLASSIFICATION							
CLASS		SUBCLASS			CLAIMED				NON-CLAIMED			
435		8			C	12	Q	1	/66			
CROSS REFERENCES												
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
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435	8	40.51	40.52	374				/			/	
435	375	376	377	384				/			/	
435	<del>384</del>	385	386	387				/			/	
435	388	392						/			/	
(Assistant Examiner) (Date)					 Gailene R. Gabel 10/22/07				<b>Total Claims Allowed: 45</b>			
(Legal Instruments Examiner) (Date)					(Primary Examiner) (Date)				O.G. Print Claim(s) 1		O.G. Print Fig. 5	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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3	3		33	36	63		93		123		153		183				
4	4		34	37	64		94		124		154		184				
	5		35	38	65		95		125		155		185				
5	6		36	39	66		96		126		156		186				
6	7		37	40	67		97		127		157		187				
7	8		38	41	68		98		128		158		188				
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9	10		40	43	70		100		130		160		190				
10	11		41	44	71		101		131		161		191				
11	12	27	42	45	72		102		132		162		192				
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16	19		49		79		109		139		169		199				
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22	25		55		85		115		145		175		205				
23	26		56		86		116		146		176		206				
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	<b>Examiner</b> Gailene R. Gabel	<b>Art Unit</b> 1641

ISSUE CLASSIFICATION												
ORIGINAL						INTERNATIONAL CLASSIFICATION						
CLASS			SUBCLASS			CLAIMED			NON-CLAIMED			
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CROSS REFERENCES									/			/
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								/			/
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436	147	813						/			/	
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								/			/	
								/			/	
						<b>Total Claims Allowed: 45</b>						
(Assistant Examiner) (Date)						 Gailene R. Gabel 10/23/07			O.G. Print Claim(s)		O.G. Print Fig.	
(Legal Instruments Examiner) (Date)						(Primary Examiner) (Date)			1		5	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
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